



Louisiana Department of Revenue
Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Application to Conduct Charitable Gaming

☐ ORIGINAL APPLICATION

☐ RENEWAL

Please type or print information:

State License Number G# _____

Official Name of Organization (including d/b/a)	Organization Federal Tax ID No.	Telephone No. of Organization
	E-mail address of Contact Person:	Fax. No.
Physical Address/Location (Street, City, State, Zip)		Parish
Official Mailing Address of Organization (Street, City, State, Zip)		Parish
Contact Person	Title/Position Held	Office Phone of Contact Person
Mailing Address of Contact Person (Street, City, State, Zip)		Home Phone of Contact Person
Check All Types of Games to be Conducted: BINGO KENO RAFFLES PULL TABS ELECTRONIC VIDEO BINGO CASINO NIGHT		

The following information will be considered part of the application and must accompany this application before it can be processed:

ALL APPLICANTS:

1. Information sheets for **ALL** officials and gaming workers...pages 2 and 3.
2. Schedule of dates and times of events (Attach Location/Session Schedule(s)...see page 4).
3. **NON-REFUNDABLE LICENSE APPLICATION FEE OF \$75.**
4. ☐ Check here if Organization owns building and will be leasing out to other Organizations for games of chance.
5. ☐ Check here if Organization does **NOT** possess any gaming supplies.

NEW APPLICANTS ONLY:

6. Copy of organization's 501(C) tax exempt letter from the Internal Revenue Service (IRS); if covered by a group ruling, submit copy of verification from national office of the organization.
7. Copy of the organization's Articles of Incorporation, By-Laws, and Charter, if applicable.
8. Copy of organization's registration with the Secretary of State.
9. Member-in-Charge, President, and person responsible for reports are required to attend an Office of Charitable Gaming training session prior to approval of license.
10. Assigned fixed value (sale price) of all bingo paper the organization intends to use at time of application (see attached form).

All information must be filled out completely. Any omission or illegible information may be cause for delay in approval. Attach requested supporting documents from the above list.

I have read the foregoing application, and the contents thereof, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within La.R.S. 4:701 *et seq.* as well as the corresponding regulations contained within LAC 42:1.1701 *et seq.*

Member in Charge (print)	Day phone number	Member in Charge (Signature)	Date
President of Organization (print)	Day phone number	President of Organization (Signature)	Date

Sworn to and subscribed before me this _____ Day of _____,

-DO NOT WRITE BELOW THIS LINE-

NOTARY PUBLIC

Check Number: _____

Receipt Number: _____

Date Entered: _____

Initials: _____

☐ APPROVED

☐ DENIED

Approved By _____

IRS CODE: _____

Law/Rule Section: _____

Date: _____



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Organization Official Information Sheet

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

Please use the following codes for "Position Held":

(P) President (VP) Vice President (S) Secretary (MIC) Member-In-Charge (T) Treasurer (D) Director

- ❖ Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within ten (10) days of the change.
- ❖ This form must be signed by a current official listed with the Office in the space provided above.
- ❖ List at least one official as Member-In-Charge (MIC) and as many alternate members-in-charge to assure at least one MIC is present at all games as provided by L.A.R.S. 4:714(D).
- ❖ A \$25 check, made payable to "Office of Charitable Gaming", must accompany the second and additional set of revisions to your license. A set is any number of changes to your license sent in together and at the same time. (*Ex: if you mail or fax in forms for a paper change, adding officials, and modifying a date on your license all together, only one \$25 fee is charged.*)

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Delete Official <input type="checkbox"/> Renewal		Social Security Number	
Last Name, First Name, Middle Initial		Date of Birth	
Complete Home Address (Street, City, State, Zip)			
Position Held:	Member-in-Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number(s): () - Alternate: () -	
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within L.A.R.S. 4:701 <i>et seq</i> as well as the corresponding regulations contained within LAC 42:1.1701 <i>et seq</i> . Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature (officials to be deleted from your organization do not have to sign) X		Date	

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Delete Official <input type="checkbox"/> Renewal		Social Security Number	
Last Name, First Name, Middle Initial		Date of Birth	
Complete Home Address (Street, City, State, Zip)			
Position Held:	Member-in-Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number(s): () - Alternate: () -	
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Signature (officials to be deleted from your organization do not have to sign) X		Date	

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OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

Please check the purpose of this revision: <input type="checkbox"/> Change Position <input type="checkbox"/> New Official <input type="checkbox"/> Delete Official <input type="checkbox"/> Renewal		Social Security Number	
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Signature (officials to be deleted from your organization do not have to sign)		Date	
X			

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Signature (officials to be deleted from your organization do not have to sign)		Date	
X			



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Organization Members Assisting In Gaming Information Sheet

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X_____

- ❖ Please amend your organization's list of members assisting in gaming as often as necessary to keep the Office of Charitable Gaming current.
- ❖ It is ***not necessary*** to include any officials you listed on the "Organization Officials Information Sheet" (Page 2).
- ❖ You may request, in writing, a list of current members that are on file for your organization. The office highly recommends requesting this list to assure your records, as well as the office's, are accurate.

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Renew	

Please Note:

This application is not complete without the Session Schedule.

The Session Schedule is listed separately on the web site as Application Session Schedule.

The Session Schedule may also be filled out on-line; however, it will take several minutes to load depending upon your connection so please be patient.

Use the tab key to move from field to field or, if you are only selecting a few dates, use your mouse to choose the dates you are scheduling.

Actual Physical Count of all Inventory on Hand and Assigned Fixed Value of Gaming Supplies

License number

G-

PLEASE NOTE THAT THE ASSIGNED FIXED VALUE OF PAPER IS THE PRICE CHARGED PATRONS.

[illegible]

Signature of person taking inventory

Date inventory taken

Original to be filed with the Office of Charitable Gaming.